

23% in black Africans between 2001 and 2002.¹⁰

The time has come to develop high profile primary HIV prevention with Britain's black Caribbean population. As the quotation at the beginning of this editorial acknowledges there has been a reluctance at all levels to "tell this story." The fear of perpetuating racist stereotypes undoubtedly contributes to the paucity of sexual health research among ethnic minorities.²⁻¹³ We need to know more about how ethnic patterns of sexual mixing change over time and how they affect the spread of sexually transmitted infections in European countries whose demographic structures differ from the United States. Misplaced political correctness may also inhibit the implementation of interventions aimed at behaviour change lest they be viewed as culturally insensitive.¹⁴ The challenge is to get across the message that the rates of HIV among black Caribbeans are currently modest but that persistently high gonorrhoea rates are providing fuel for an explosive epidemic. The issue of HIV must first be taken on by black Caribbean communities so that

partnerships for research and prevention can find out what works. Anecdotally, this is already happening. As one young black woman puts it, "Now we know[...], everything negative is owned by black people. We need to come together as a community and do something about it."¹

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ECHO

New instrument has been developed to measure quality of care for HIV patients



Please visit the Sexually Transmitted Infections website [www.stijournal.com] for a link to the full text of this article.

An HIV specific version of the QUOTE (quality of care through the patient's eyes) questionnaire is a useful instrument for measuring the quality of care of HIV infected patients.

The questionnaire differs from traditional patient satisfaction questionnaires in several ways. It offers an importance as well as a performance component, so the importance component can be added as a weight factor in the judgment of quality of care. Patients played a crucial part in the development of this instrument. As a result an equal number of items encountered specifically by HIV infected patients as well as known patients' satisfaction items were generated.

Focus group discussions were held to select aspects for inclusion in the questionnaire, and 13 generic and 14 HIV specific items were included as a result. Item and interitem analysis, factor analysis, and reliability analysis were performed to test internal consistency and validity of the instrument.

The questionnaire was sent to 80 people infected with HIV, and 44 questionnaires were returned. One striking finding was a need for an education course for general practitioners, in which more attention is paid to the use of HIV medication. Further research is, however, needed for specific groups of patients.

▲ *Quality and Safety in Health Care* 2003;**12**:188-193.